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Bib Data Sheet

CONFIRMATION NO. 4442

<b>SERIAL NUMBER</b> 10/618,140	<b>FILING OR 371(c) DATE</b> 07/10/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**

Albert K. Chin, Palo Alto, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/369,980 02/18/2003 PAT 7,288,096  
 which is a CIP of 10/347,212 01/17/2003 ABN  
 which is a CIP of 10/346,663 01/17/2003 PAT 7,264,587  
 which is a CIP of 10/140,309 05/06/2002  
 which is a CON of 09/635,721 08/09/2000  
 which claims benefit of 60/148,130 08/10/1999  
 and claims benefit of 60/150,737 08/25/1999  
 This application 10/618,140  
 is a CIP of 09/779,715 02/08/2001 PAT 6,569,082  
 which is a CON of 09/738,608 12/14/2000 ABN  
 which is a CIP of 09/635,345 08/09/2000 PAT 7,398,781  
 This application 10/618,140  
 is a CIP of 10/006,321 12/04/2001 PAT 6,706,052  
 which is a CON of 09/915,695 07/25/2001 PAT 6,428,556

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 10/08/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

36154

**TITLE**

APPARATUS AND METHOD FOR ENDOSCOPIC ENCIRCLEMENT OF PULMONARY VEINS FOR EPICARDIAL ABLATION

<b>FILING FEE RECEIVED</b> 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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